



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
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(510) 622-2584, FAX (510) 622-2585

January 23, 2008

Gary Blatnick, Director
Del Norte County health & Human Services
206 Williams Drive
Crescent City, CA 95971

Dear Mr. Blatnick:

AUDIT REPORT – DEL NORTE COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Del Norte County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

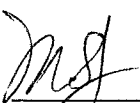
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 1,027,855	\$ 1,053,852	\$ 25,997
State General Funds EPSDT Due State	\$ 310,356	\$ 300,917	\$ (9,439)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative

Gary Blatnick, Director
January 23, 2008
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Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

DEL NORTE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 923,610	\$ 22,039	\$ 945,649
HEALTHY FAMILIES - FFP	(Sch. 2a)	5,116	377	5,493
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 928,726</u>	<u>\$ 22,416</u>	<u>\$ 951,142</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 99,129	\$ 3,581	\$ 102,710
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 99,129</u>	<u>\$ 3,581</u>	<u>\$ 102,710</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 1,022,739	\$ 25,620	\$ 1,048,359
HEALTHY FAMILIES - FFP		5,116	377	5,493
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 1,027,855</u>	<u>\$ 25,997</u>	<u>\$ 1,053,852</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 310,356</u>	<u>\$ (9,439)</u>	<u>\$ 300,917</u>

SCHEDULE 2

DEL NORTE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		As Settled	Audit	As Audited
			Adjustments	
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	1,572,532	(44,131)	1,528,401
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	1,493	104	1,597
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	7,858	(190)	7,668
9. Total		<u>\$ 1,581,883</u>	<u>\$ (44,216)</u>	<u>\$ 1,537,667</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	14,430	0	14,430
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 14,430</u>	<u>\$ 0</u>	<u>\$ 14,430</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	1,559,595	(44,027)	1,515,568
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	7,858	(190)	7,668
25. Total		<u>\$ 1,567,453</u>	<u>\$ (44,216)</u>	<u>\$ 1,523,237</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**DEL NORTE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 273,849	\$ (5,530)	\$ 268,319
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 178,773	\$ 104,016	\$ 282,789
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 178,773</u>	<u>\$ 89,546</u>	<u>\$ 268,319</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 786	\$ (19)	\$ 767
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 1,417	\$ 1,417
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 767</u>	<u>\$ 767</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 43,819	\$ (510)	\$ 43,309
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 800,388	\$ (22,113)	\$ 778,275
46. Enhanced (Children)	(MH1979, Ln 17,17A)	971	67	1,038
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	89,387	44,772	134,159
50. U.R. Skilled Professional	(MH1979, Ln 14)	32,864	(382)	32,482
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 923,610</u>	<u>\$ 22,344</u>	<u>\$ 945,954</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # 47)	<u>0</u>	<u>305</u>	<u>305</u>
56. Total SD/MC Reimbursement - FFP		<u>\$ 923,610</u>	<u>\$ 22,039</u>	<u>\$ 945,649</u>

Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 5,116	\$ (124)	\$ 4,992
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	500	500
60. Total Healthy Families Reimbursement - FFP		<u>\$ 5,116</u>	<u>\$ 377</u>	<u>\$ 5,493</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 928,726</u>	<u>\$ 22,416</u>	<u>\$ 951,142</u>
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(To Sch. 1)

[illegible]

[illegible]

(To Sch. 1)

SCHEDULE 4

**DEL NORTE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	1,752,619	(36,866)	1,715,753
(2) Total SD/MC Claims	1,741,045	0	1,741,045
(3) Percent % (Line 1/Line 2)	1.0066	(0.0212)	0.9855
(4) EPSDT Claims	968,281	0	968,281
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	974,672	(20,457)	954,215
(6) Cost Settled Baseline for EPSDT	335,554	0	335,554
(7) Net Cost Settlement Amount (Line 5 - Line 6)	639,118	(20,457)	618,661
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	310,356	(9,439)	300,917
(8a) FY 2001-02 EPSDT settlement (48.64% of Net Cost Settlement Amount (8))	484,214	(17,924)	466,290
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	310,356	(9,439)	300,917
(11) SGF Distribution (Settled and Audited)	310,356	0	310,356
(12) SGF Due (State)	<u>(0)</u>	<u>(9,439)</u>	<u>(9,439)</u>
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider DEL NORTE COUNTY				Provider Number 00008	No. of Adj. 42	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION	\$ 2,574,940	\$ (50,019)	\$ 2,524,921 *
2	MH 1960	18	C	MODE COSTS	\$2,256,947	\$ (50,019)	\$ 2,206,928
				To disallow costs not related to patient care (Food and Transportation for Clients) CMS 15-1, Section 2102.3 and 2304.			
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION	** \$ 2,524,921	\$152,512	\$2,677,433
				To adjust reported A-87 cost to agree with the formally approved Countywide Cost Allocation Plan (COWCAP) dated August 14, 2002. CMS 15-1, Section 2304.			
4	MH 1960	9	3	SD/MC ADMINISTRATION	\$ 178,773	\$ (178,773)	\$0 *
5	MH 1960	11	3	NON SD/MC ADMINISTRATION	76,621	(76,621)	0 *
-	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	255,394		255,394 *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs below.			
6	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 43,819	\$ (43,819)	\$0 *
7	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	18,780	(18,780)	\$0 *
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	62,599		62,599
				To eliminate the reported distribution of Utilization Review Costs (UR). UR costs will be redistributed to the proper cost centers after adjustments to Utilization Review costs are made below.			
8	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	** \$ 255,394	\$ 152,512	\$ 407,906 *
				To adjust administrative costs in conjunction with adjustment number 3.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
DEL NORTE COUNTY				00008	42	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
9	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ -	\$ 282,789	\$ 282,789
10	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	1,417	1,417
11	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	123,699	123,699
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 407,906		\$ 407,905
				To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 69.3270% for SD/MC, 0.3475% for Healthy Families, and 30.3255% for Non SD/MC.			
12	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	** \$ -	\$43,309	\$ 43,309
-	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	0	-	-
13	MH 1960	15	3	NON SD/MC UTILIZATION REVIEW	** 0	19,290	19,290
-	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	** \$ 62,599		\$ 62,599
				To allocate the Non SD/MC Utilization Review portion related to SPMP and Other SD/MC Utilization Review using the audited gross cost percentages of 69.19% for SD/MC and 30.81% for Non SD/MC.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
DEL NORTE COUNTY				00008	42	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u>			
14	MH 1964	4	1	DAY SERVICES (MODE 10)	\$ 366,363	\$ (8,836)	\$ 357,527
15	MH 1964	5	1	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	1,856,164	\$ (41,183)	1,814,981
-	MH 1964	6	1	OUTREACH SERVICES (MODE 45)	7,420	-	7,420
-	MH 1964	8	1	SUPPORT SERVICES (MODE 60)	27,000	-	27,000
-	MH 1964	9	1	TOTAL	\$ 2,256,947	\$ (50,019)	\$ 2,206,928
				To adjust reported costs at the mode level in conjunction with Adjustments 1 and 2. The adjustments reflect the RVS method of allocation.			
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
				<u>MODE 10 - PROGRAM 1</u>			
16	MH 1966A	3		SERVICE FUNCTION 10/95	\$ 366,363	\$ (8,836)	\$ 357,527
				<u>MODE 15 - PROGRAM 1</u>			
17	MH 1966A	3		SERVICE FUNCTION 15/01	285,323	(6,882)	278,441
18	MH 1966A	3		SERVICE FUNCTION 15/30	661,199	(15,947)	645,252
19	MH 1966A	3		SERVICE FUNCTION 15/60	545,294	(13,154)	532,140
20	MH 1966A	3		SERVICE FUNCTION 15/70	215,621	(5,200)	210,421
				To adjust the Medi-Cal reported gross cost at the service function level in conjunction with Adjustments 14 and 15 using the RVS method of allocation.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
DEL NORTE COUNTY				00008	42	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
21	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	213,172	9,238	222,410 *
22	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	527,191	(4,609)	522,582 *
-	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	3,279	-	3,279 *
23	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	14,079	(314)	13,765 *
-	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	0	-	0 *
24	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	945	47	992 *
25	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	278	(61)	217 *
26	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	3,972	92	4,064 *
-			Info	TOTAL UNITS	762,916	4,393	767,309 *
				<p>To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated April 30, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.</p>			
27	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 222,410	(9,238)	213,172 *
28	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 522,582	4,109	526,691 *
-	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 3,279	-	3,279 *
29	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 13,765	314	14,079 *
-	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 0	-	0 *
-	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 992	-	992 *
30	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 217	61	278 *
31	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 4,064	(92)	3,972 *
			Info	TOTAL UNITS	** 767,309	(4,846)	762,463 *
				<p>To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.</p>			
				<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
DEL NORTE COUNTY				00008	42	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
32	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 213,172	(212)	212,960
33	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 526,691	(4,622)	522,069
-	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 3,279	-	3,279
34	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 14,079	(314)	13,765
-	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** -	-	0
-	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 992	-	992
-	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 278	-	278
-	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 3,972	-	3,972
			Info	TOTAL UNITS	** 762,463	(5,148)	757,315
				<p>To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
DEL NORTE COUNTY				00008	42	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
-	MH 1966A	8	Total	<p align="center"><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u></p> <p>MEDI-CAL UNITS - 07/01/02 to 09/30/02</p> <p>MEDI-CAL UNITS - 10/01/02 to 06/30/03</p> <p>TOTAL UNITS</p> <p>To adjust the as settled (MH 1966A) SD/MC units of service/time for the County's contract providers to agree with the State DMH Approved Claims Report dated April 30, 2007.</p> <p>Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.</p>	324	-	324 *
35	MH 1966A	8A	Total		19,011	126	19,137 *
-			Info		19,335	126	19,461 *
-	MH 1966A	8	Total	<p>MEDI-CAL UNITS - 07/01/02 to 09/30/02</p> <p>MEDI-CAL UNITS - 10/01/02 to 06/30/03</p> <p>TOTAL UNITS</p> <p>To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records.</p> <p>Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.</p>	** 324	-	324
36	MH 1966A	8A	Total		** 19,137	(51)	19,086
-			Info		** 19,461	(51)	19,410
				<p>* Balance carried forward to subsequent adjustment.</p> <p>** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider DEL NORTE COUNTY					Provider Number 00008	No. of Adj. 42	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>								
37	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 251,632	\$ 7,161	\$ 258,793	
38	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 923,609	\$ 22,345	\$ 945,954 *	
39	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY	5,116 22,722	377 22,722	5,493 951,447	
40	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	99,129	3,581	102,710	
-	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS TOTAL REIMBURSEMENT - CONTRACT PROVIDERS To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.	0 99,129	- 3,581	0 102,710	
41	Sch. 2a	55	3	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY To incorporate the Quality Assurance Review results (report dated February 10, 2005).	** \$ 945,954	\$ (305)	\$ 945,649	
<u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u>								
42	Sch. 4	8	3	TOTAL EPSDT SGF To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.	\$ 310,356	\$ (9,439)	\$ 300,917	
* Balance carried forward to subsequent adjustment.								
** Balance brought forward from prior adjustment.								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: DEL NORTE COUNTY
 County Code: 08

Legal Entity: DEL NORTE COUNTY		A	B	C
Legal Entity Number: 00008		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,237,739	2,114,547	3,352,286
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(528,237)	(528,237)
4	Other Adjustments (Provide Detail)		(278,723)	(278,723)
5	Total Costs Before Medi-Cal Adjustments	1,237,739	1,307,587	2,545,326
6	Medi-Cal Adjustments from MH 1961			132,107
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,677,433
	Administrative Costs (County Only)			
9	SD/MC Administration			282,789
10	Healthy Families Administration			1,417
11	Non-SD/MC Administration			123,699
12	Total Administrative Costs			407,906
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			43,309
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			19,290
16	Total Utilization Review Costs			62,599
	Research and Evaluation (County Only)			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			2,206,928
19	Total Costs - Lines 9 through 18			2,677,433

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: DEL NORTE COUNTY
County Code: 08

Legal Entity: DEL NORTE COUNTY		A	B	C
Legal Entity Number: 00008		Salaries and Benefits	Other	Total Adjustments
1	Depreciation Expense		29,614	29,614
2				
3				
4	Per Audits:			
5	A-87 Adjustment		152,512	152,512
6	Food		(5,073)	(5,073)
7	Transportation - Clients		(44,946)	(44,946)
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		132,107	132,107

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: DEL NORTE COUNTY
 County Code: 08

Legal Entity: DEL NORTE COUNTY		A
Legal Entity Number: 00008		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,206,928
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	357,527
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,814,981
6	Outreach Services (Mode 45)	7,420
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	27,000
9	Total - Lines 2 through 8	2,206,928

County: DEL NORTE COUNTY

County Code: 08

CR

Legal Entity: DEL NORTE COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00008			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				95					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			4,881					
3	Gross Cost		357,527	357,527					
4	Cost per Unit			73.25					
5	SMA per Unit			115.14					
6	Published Charge per Unit			70.60					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		1,068					
8A		10/01/02 - 06/30/03		3,325					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			488					
13	Medi-Cal Costs	07/01/02 - 09/30/02	78,230	78,230					
13A		10/01/02 - 06/30/03	243,552	243,552					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	122,970	122,970					
14A		10/01/02 - 06/30/03	382,841	382,841					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	75,401	75,401					
15A		10/01/02 - 06/30/03	234,745	234,745					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		35,745	35,745					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: DEL NORTE COUNTY
County Code: 08

County Code: 08			CR	CR	CR	CR		
Legal Entity: DEL NORTE COUNTY			A	B	C	D	E	F
Legal Entity Number: 00008				Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			Mode Total	01	30	60	70	
1	Allocation Percentage		100.00%	16.71%	38.72%	31.94%	12.63%	
2	Total Units			211,317	444,228	178,710	90,541	
3	Gross Cost		1,666,254	278,441	645,252	532,140	210,421	
4	Cost per Unit			1.32	1.45	2.98	2.32	
5	SMA per Unit			1.77	2.28	4.23	3.41	
6	Published Charge per Unit			1.27	1.40	2.87	2.24	
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		44,370	55,925	22,904	10,558	
8A		10/01/02 - 06/30/03		91,061	233,891	82,662	31,695	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				3,279		
9A		10/01/02 - 06/30/03				13,765		
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03		166	656	47	123	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			19	259		
11A		10/01/02 - 06/30/03		773	2,372	740	87	
12	Non-Medi-Cal Units			74,947	151,365	55,054	48,078	
13	Medi-Cal Costs	07/01/02 - 09/30/02	232,434	58,464	81,232	68,201	24,537	
13A		10/01/02 - 06/30/03	779,519	119,986	339,732	246,140	73,660	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	338,931	78,535	127,509	96,884	36,003	
14A		10/01/02 - 06/30/03	1,152,190	161,178	533,271	349,660	108,080	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	224,029	56,350	78,295	65,734	23,650	
15A		10/01/02 - 06/30/03	751,332	115,647	327,447	237,240	70,997	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	9,764			9,764		
17A		10/01/02 - 06/30/03	40,988			40,988		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02				13,870		
18A		10/01/02 - 06/30/03				58,226		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02				9,411		
19A		10/01/02 - 06/30/03		39,506			39,506	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03	1,597	219	953	140	286	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03	2,408	294	1,496	199	419	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03	1,540	211	918	135	276	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02	799		28	771		
29A		10/01/02 - 06/30/03	6,870	1,019	3,445	2,203	202	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	1,139		43	1,096		
30A		10/01/02 - 06/30/03	10,203	1,368	5,408	3,130	297	
31	Healthy Families Published Charges	07/01/02 - 09/30/02	770		27	743		
31A		10/01/02 - 06/30/03	6,621	982	3,321	2,124	195	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		594,283	98,754	219,861	163,933	111,735	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: DEL NORTE COUNTY
County Code: 08

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Legal Entity: DEL NORTE COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00008			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				58	69	39	38		
1	Allocation Percentage		100.00%	96.76%	3.03%	0.19%	0.02%		
2	Total Units			157,570	3,260	240	60		
3	Gross Cost		148,727	143,914	4,506	276	31		
4	Cost per Unit			0.91	1.38	1.15	0.52		
5	SMA per Unit			2.28	4.23	2.28	2.28		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		78,135					
8A		10/01/02 - 06/30/03		79,435					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units				3,260	240	60		
13	Medi-Cal Costs	07/01/02 - 09/30/02	71,363	71,363					
13A		10/01/02 - 06/30/03	72,551	72,551					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	178,148	178,148					
14A		10/01/02 - 06/30/03	181,112	181,112					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		4,813		4,506	276	31		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: DEL NORTE COUNTY
County Code: 08

CR

Legal Entity: DEL NORTE COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00008			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		19,594					
3	Gross Cost	7,420	7,420					
4	Cost per Unit		0.38					
5	Non-Medi-Cal Units		19,594					
6	Non-Medi-Cal Costs	7,420	7,420					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: DEL NORTE COUNTY
County Code: 08

County Code: 08		CR		CR				
Legal Entity: DEL NORTE COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00008			Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function	Function
			20	30				
1	Allocation Percentage	100.00%	13.00%	87.00%				
2	Total Units		8,424	56,376				
3	Gross Cost	27,000	3,510	23,490				
4	Cost per Unit		0.42	0.42				
5	Non-Medi-Cal Units (Same as Line 2)		8,424	56,376				
6	Non-Medi-Cal Costs (Same as Line 3)	27,000	3,510	23,490				

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (10/04)

Fiscal Year 2002-2003

County: DEL NORTE
County Code: 08

Legal Entity: DEL NORTE

Legal Entity: DEL NORTE

Legal Entity Number: 00008

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: DEL NORTE
County Code: 08
Legal Entity: DEL NORTE

Legal Entity Number: 00008		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	78,230	243,552	40,210	125,345		
4	15 - Outpatient (Program 1)	238,828	809,447	122,758	417,007		
5	15 - Outpatient (Program 2)	71,363	72,551	36,681	36,275		
6	Totals	388,421	1,125,550	199,648	578,627		
7	Totals from MH1979	388,421	1,125,550	199,648	578,627		
8	Effective SD/MC FFP %					51.40%	51.41%

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (10/04)

Fiscal Year 2002-2003

County: DEL NORTE

County Code: 08

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